

Genealogical
Data
For Husband

HUSBAND

Birth _____ Place _____
*Chr. _____ Place _____
Death _____ Place _____
Burial _____ Place _____
Father _____ Mother† _____
Married _____ Place _____
†Other Wives
(if any) _____

Where was information shown on this
family record obtained?

HUSBAND'S

Name (in full) Dr Hoffman
Wife _____

TEMPLE ORDINANCE DATA

HUSBAND

Baptized _____
Endowed _____

(Relationship of Family Representative to Husband)

WIFE

Baptized _____
Endowed _____
Sealed to Husband _____

(Relationship of Family Representative to Wife)

Genealogical
Data
For Wife

WIFE

Birth _____ Place _____
*Chr. _____ Place _____
Death _____ Place _____
Burial _____ Place _____
Father _____ Mother† _____
†Other Hus.
(if any) _____

Family Representative: _____

Name and address of person submit-
ting this sheet.

*Christening date requested only in lieu of birth date (not L.D.S. Church Blessing).
†List other wives or husbands in order of marriage. ‡List complete maiden name for all females.

| Sex M F | CHILDREN List each child (whether living or dead) in order of birth | WHEN BORN | | | WHERE BORN | | State or Country | DIED | | | MARRIED (First Husband or Wife) List Additional Marriages with Dates on Reverse Side of Sheet | BAPTIZED (Date) | ENDOWED (Date) | SEALED To Parents Date & Temple |
|---------------|--|-----------|-----|-----|------------|--------|------------------------|------|-----|-----|--|--------------------|-------------------|---------------------------------------|
| | | Day | Mo. | Yr. | Town | County | | Day | Mo. | Yr. | | | | |
| | 1 | | | | | | | | | | ate _____ | | | |
| | 2 | | | | | | | | | | ate _____ | | | |
| | 3 | | | | | | | | | | ate _____ | | | |
| | 4 | | | | | | | | | | ate _____ | | | |
| | 5 | | | | | | | | | | ate _____ | | | |
| | 6 | | | | | | | | | | ate _____ | | | |
| | 7 | | | | | | | | | | ate _____ | | | |
| | 8 | | | | | | | | | | ate _____ | | | |
| | 9 | | | | | | | | | | ate _____ | | | |
| | 10 | | | | | | | | | | ate _____ | | | |
| | 11 | | | | | | | | | | ate _____ | | | |
| | 12 | | | | | | | | | | Date _____ To _____ | | | |
| | 13 | | | | | | | | | | Date _____ To _____ | | | |
| | 14 | | | | | | | | | | Date _____ To _____ | | | |
| | 15 | | | | | | | | | | Date _____ To _____ | | | |

R. RAYMOND GREEN, M.D.

45 South Main Street
HEBER CITY, UTAH 84032

OFFICE HOURS:
10 - 12 A. M. & 2 - 5 P. M.

TELEPHONE: 654-1822
654-1645

INSTRUCTIONS

Notes
Dr. Hoffman

*Tall Dark said Josie
Bronson
Was after Granville.*